FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

OFOTIONA Comment Informe	-41																
SECTION 1 - General Inform 1. Name and Mailing Address											······································						
Bruce Telephon	Bruce Telephone Company, Inc. PO Box 100, Bruce, WI 54819 Check here if is a change of address.														change of		
2. Year Report Filed 2017			3. Reporting Period (Ending Date of Pay Period Covered by Report) 1/1/18 to 1/15/18 4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)														
SECTION II - Full-Time Empl	oyee	s.	-														
		Number of Employees (Report employees in only one category)															
Job			Race/Ethnicity														
Categories			anic or tino		Not-Hispanic or Latino											Total	
						Ma	ale					Fen		Columns A - N			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	Е	F	G	Н	I	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			2												2	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2						· · · · · · · · · · · · · · · · · · ·									0	
Technicians	3			1												1	
Sales Workers	4									1						1	
Administrative Support Workers	5						v									0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8	·														0	
Service Workers	9	***					····									0	
TOTAL	10	0	0	3	0	0	0	0	.0	1	0	0	0	0	0	4	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part-Time Empi	oyee:	a.															
		Number of Employees (Report employees in only one category)															
	 	Race/Ethnicity															
Job	ŀ																
Categories			anic or itino		Not-Hispanic or Latino												
	_			Male						Female						Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4									2						2	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8												-			0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	
PREVIOUS YEAR TOTAL	11															0	
SECTION IV - Report of Discri	mina	tion Compl	aints Pursua	int to 47 CFF	R 22.321, 23.5	5, 90.168, 101	.4, and 101.	311.									
This is to advise the										torial, or loca	al statutes hav	e been filed a	gainst this				
This is to advise th	•					•	=	•		unity statute	have been file	ed against this	company.				
(Attach a list indica																	
SECTION V - Certification																	
I certify that to the best of my kr					ents in this re								Talank	I.			
1		in Man	Name of Pers	on Signing	[7] // 004							Telephone N (715) 8	868-5111				
Title of Person Signing President					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												